

FULL FACILITY PROFILE

HORIZON HOME HEALTH	PROVIDER #: 467075	TYPE ACTION: RECERTIFICATION
202 WEST 540 NORTH	PHONE NUMBER: (801) 226-1919	TYPE FACILITY: SKILLED NURSING FACILITY BAS
OREM UT 84057	PARTICIPATION DATE: 12/21/1993	TYPE OWNERSHIP: PROPRIETARY
STATE'S REGION CODE: 001		

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION  
 CERTIFIED HOSPICE PROVIDER NO: NONE  
 NUMBER OF SUBUNITS: NONE  
 PARENT AGENCY PROVIDER NO: NONE  
 NUMBER OF BRANCHES: 3

SERVICES OFFERED	STAFFING
NURSING	
REGISTERED NURSE	12.60
LICENSED PRACTICAL NURSE	.00
PHYSICAL THERAPY	2.10
OCCUPATIONAL THERAPY	.00
SPEECH THERAPY	.00
MEDICAL SOCIAL WORKER	.10
HOME HEALTH AIDE	6.20
INTERN/RESIDENT	
NUTRITIONAL GUIDANCE	.00
PHARMACEUTICAL SERVICES	.00
APPLIANCE & EQUIPMENT SERVICE	
VOCATIONAL GUIDANCE	
LABORATORY SERVICES	
OTHER	6.35

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE COMPETENCY PROGRAM  
 NUMBER RECORDS REVIEWED WITH HOME VISITS: 5  
 NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 10  
 NUMBER OF HOME VISITS WITH NO RECORD REVIEW:  
 TOTAL RECORDS REVIEWED: 15  
 TOTAL HOME VISITS: 5

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 08/10/2000		PROGRAM REQUIREMENTS						
DATE PROVIDER SIGNED POC: 08/28/2000								
REVISIT DATES: 10/11/2000								
LEVEL OF	TAG	REQUIREMENT	PLAN/DATE	STATUS OF	# AND PERCENT OF FACILITIES			
REQT	#		OF CORRECTION	DEFICIENCY	STATE	REGION		NATION
					#	%	#	%

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.  
 \* = REGIONAL OFFICE FLAG (INCLUDES COPS)    ELE = ELEMENT    STD = STANDARD    COP = CONDITION

SURVEY DATES FROM: 08/10/2000

PROGRAM REQUIREMENTS

DATE PROVIDER SIGNED POC: 08/28/2000

REVISIT DATES: 10/11/2000

LEVEL OF REQT	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
					STATE		REGION		NATION	
					#	%	#	%	#	%
STD	G0107	HHA INVESTIGATION OF COMPLAINTS REGARDING TREATM	09/10/2000	DEFICIENCY CORRECTED	2	4.7	5	1.4	88	1.2
STD	G0224	WRITTEN INSTRUCTIONS FOR HOME CARE PREPARED BY R	09/15/2000	DEFICIENCY CORRECTED	2	4.7	14	4.0	496	7.1
STD	G0228	SUPERVISORY VISITS BY RN IF PATIENT RECEIVING SK	09/15/2000	DEFICIENCY CORRECTED	2	4.7	6	1.7	133	1.9

TYPE OF DEFICIENCY	TOTAL THIS FACILITY	AVERAGE NUMBER OF STATE	DEFICIENCIES REGION	PER FACILITY NATION
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CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	3	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	3	1.07	1.72	03.42

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP	0	0	0

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